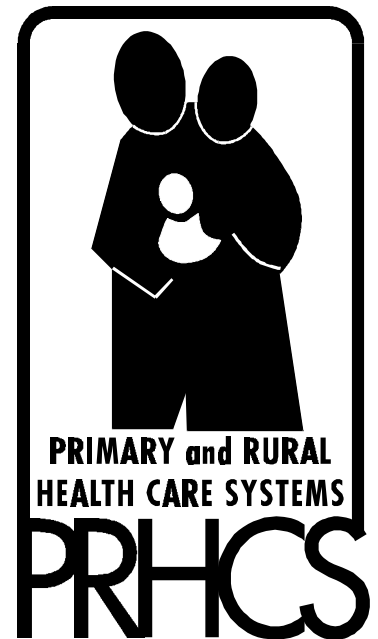


**PRIMARY AND RURAL HEALTH CARE SYSTEMS  
BRANCH**

**RURAL  
DEMONSTRATION  
PROJECTS**

*California Healthy Families Program*



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**Funding Opportunities For Expanding Access To Health Care**

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**REQUEST FOR APPLICATION**

**September 24, 1998**

**California Department of Health Services**

(916) 654-0348

September 24, 1998

To: Potential Applicants

Subject: Rural Demonstration Project – Strategy #3, Infrastructure Application

Enclosed is the Request for Application (RFA) for the California Healthy Families Program, Rural Demonstration Projects (RDP), Strategy #3, Infrastructure. The RDP were authorized by Chapter 623, Statutes of 1997 (Assembly Bill 1126). The Administration has proposed three strategies for establishing the RDP. The enclosed RFA is for Strategy #3, Infrastructure. The lead entity for administering this strategy is the Department of Health Services (Department), Primary and Rural Health Care Systems (PRHCS) Branch.

Letters of Intent are required prior to submission of an application. Applicants must use the form in Attachment C in the RFA or its exact duplicate. ***The Letter of Intent is due on October 26, 1998.*** Applications responding to this ***RFA are to be submitted on or before November 9, 1998.*** Applications submitted after that date will not be accepted and will be returned to the applicant. An original application plus three copies must be submitted on or before the due dates to:

Anna Ramirez, Chief  
Primary and Rural Health Care Systems Branch  
Department of Health Services  
714 P Street, Room 550  
Sacramento, CA 95614  
Telephone: (916) 654-0348  
FAX: (916) 654-5900

We will be convening two ***Bidders Conferences*** to provide potential applicants the opportunity to ask questions and seek clarification on items/requirements outlined in the RFA. The Bidders Conferences will be held on the following dates and locations:

October 13, 1998      Sacramento      714 P Street, Auditorium  
1:30 P.M.

October 15, 1998      San Diego      State Building, 1350 Front Street, Room B-109  
10:00 A.M.

Please note that the enclosed RFA also includes an Addendum that contains the Medical Service Study Area (MSSA) Maps and lists of providers referenced in the RFA. Please check to ensure that you have received both the RFA and the Addendum with this mailing. If you have not received the Addendum, please contact the PRHCS Branch at the telephone number above, and an Addendum to the RDP RFA will be mailed to you immediately.

Potential Applicants

Page 2

September 24, 1998

In order to avoid mailing unnecessary copies of the RFA to organizations not interested in applying for RDP grants, potential applicants and interested parties were asked to request an application. Please refer other interested parties to the PRHCS Branch and an RFA will be mailed to them immediately.

Thank you for your interest in the RDP. If you have any questions, please contact Ms. Sunni Burns or me at (916) 654-0348.

Anna Ramirez, Chief  
Primary and Rural Health  
Care Systems Branch

RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEAR 1998/1999 - FISCAL YEAR 2000/2001

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### **APPENDICES**

Healthy Families Program Rural Demonstration Project Statutes (Appendix A)
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Federal Poverty Level (Appendix C)

### **ADDENDUMS**

Healthy Families Program Provider Locations
Healthy Families Program Medical Service Study Area Maps

## PART ONE: RURAL DEMONSTRATION PROJECT PROGRAM

**Description** This part of the Request for Application (RFA) includes five sections:

- I. Introduction
- II. Definitions
- III. Prerequisites and Requirements
- IV. Service Area(s) and Population(s)
- V. Funding Issues

### I. INTRODUCTION

**Purpose** This section provides an overview of the Rural Demonstration Project (RDP) Program.

**Legislative authorization** During the 1996-97 legislative session, Assembly Bills 217, 1126, and Senate Bill 903 were passed to create the Healthy Families Program (HFP).

This is a state and federally funded health, dental, and vision coverage program for uninsured children from one to nineteen years of age whose family income is 200 percent or less of the federal poverty level and who are ineligible for no-cost Medi-Cal.

The legislative authority for the Healthy Families Program is in Division 2 of the Insurance Code.

The Healthy Families Program (HFP), which began coverage on July 1, 1998, offers comprehensive health, dental and vision benefits. The program is designed to be closely coordinated with a number of existing programs which serve low-income children.

Assembly Bill (AB) 1126, Chapter 623, Statutes of 1997, establishes the Rural Demonstration Projects (RDP) in Section 12693.91 of the Insurance Code. The provisions of the bill give the California Department of Health Services (DHS) the authority to develop up to five RDPs under the Healthy Families Program. The purpose of the RDPs is to fund innovative rural health care projects to alleviate the unique problems of access to health care in rural areas which have a significant level of uninsured children, including seasonal and migratory workers and their dependents. The Department is required to work with the Managed Risk Medical Insurance Board (MRMIB), the Rural Health Policy Council (RHPC), and the County Medical Services Program (CMSP) Board in establishing the RDPs.

*Continued on next page.*

## I. INTRODUCTION (Continued)

### **Legislative authorization (continued)**

Please refer to Appendix A, Statutes, for additional information.

### **Problems**

The barriers faced by residents of rural areas in receiving health care are long standing and well documented. These problems occur in all segments of rural populations – from infants to children and youth, to adults, and the elderly. While the new Healthy Families Program will not remove all barriers to care rural residents of all ages may face, it offers an opportunity to test promising approaches for children living in rural areas. If these approaches prove successful in improving access to health care services for children in rural areas, the lessons learned can be applied to solving rural access problems for other age groups using the same strategies.

California's rural areas are characterized by medically underserved and uninsured populations, including children who have limited or no access to health care services. Rural poor are confronted on a daily basis with a lack of medical and health care providers, inadequate transportation, and health care delivery systems that are perceived by patients to be less than culturally sensitive. Most of rural California is also characterized by geographic barriers, such as mountain ranges and inaccessible roads.

Certain special populations residing and working in rural areas, i.e., farm workers and their dependents, experience additional barriers to health care services due to the seasonal and migratory nature of their employment and residency. Many families follow the agricultural seasons and create the "migrant stream" which extends statewide. Their migratory lifestyle does not allow for the establishment of a permanent relationship with a health care provider and inhibits continuity of care. These geographic barriers and special population needs are not new challenges and affect children and adults alike.

The major barriers to access of health care services in rural areas are characterized either as geographic or special population-based. Some examples of the problems are outlined below.

- Geographic Access – geographic isolation, lengthy travel distances, inaccessible roads, inclement weather, and lack of public transportation.
- Limited or lack of health care services – limited health care providers, no specialty care providers, no/limited vision, dental and mental health care services/providers, no/limited pharmacies.
- Special populations - lack of permanent residency, migratory lifestyle, lack of a medical "home", low economic status, poor or dangerous working conditions, poor housing conditions, linguistic isolation, low literacy rates, poor patient compliance, high morbidity rates and fear of deportation.

*Continued on next page.*

## I. INTRODUCTION (Continued)

### Problems

These problems are prevalent among children at or below 200 percent of (continued) the federal poverty level – the target population for the Healthy Families Program. In consideration of these existing barriers to access to health care services, the Rural Demonstration Projects (RDP) were authorized as efforts to address these barriers.

### RDP overview

In recognition of the existing barriers to health care in rural areas, DHS, in conjunction with MRMIB, RHPC and CMSP Board developed two approaches for the development of the RDP: a health plan-based approach and a provider-based approach. The health plan-based approach falls under the administrative authority of MRMIB. The provider-based approach falls under the administrative authority of DHS.

The objectives of the RDP are three-fold:

1. **Special Population Access:** To address unique access problems of special populations (children of seasonal and migrant farm workers, forestry and fishing workers, and American Indians).
2. **Geographic Access:** To address the unavailability of services in rural geographic areas of the state.
3. **Infrastructure:** To address the development or enhancement of infrastructure in rural areas where health care services are not accessible.

There are four strategies currently being pursued by MRMIB and the Department. The four RDPs designed to address the three objectives are:

**Strategy #1A. Special Population Access:** Incentives to current Healthy Families health, dental or vision plans, in the form of rate enhancements to expand services without regard to geographic boundaries (MRMIB will implement).

**Strategy #1B. Special Population Access:** Grants provided to develop a network of health care providers that deliver health care services to special populations (DHS will implement).

**Strategy #2. Geographic Access:** Incentives to current Healthy Families health, dental or vision plans in the form of rate enhancements or grants to develop services in isolated rural areas where such services currently do not exist (MRMIB will implement).

*Continued on next page.*

# I. INTRODUCTION

---

## **RDP overview (continued)**

**Strategy #3. Infrastructure.** Grants provided to health care organizations/providers to develop or enhance their capabilities to make services available to eligible children in targeted geographic rural areas **(DHS will implement).**

### **THIS RFA ADDRESSES STRATEGY #3, INFRASTRUCTURE.**

Strategies #1A, Special Population Access and #2, Geographic Access are being administered by MRMIB under a separate "Healthy Families Program, Rural Demonstration Project, 1998 Model Contract Amendment and Proposed Solicitation". Inquiries pertaining to these two strategies should be directed to MRMIB. Strategy #1B, Special Population Access, will be administered by DHS at a later date. This strategy requires a federal waiver approval which will be pursued at a later date. An in-depth description of Strategy #3, Infrastructure, follows in this section under the "Background". Also provided in Appendix B for your information is a copy of the Administration's proposal for the establishment of the RDP. This proposal provides information on all three strategies being developed and the inter-relationship among the three strategies.

---

## **Activities for public input and interdepartmental coordination**

To ensure maximum effectiveness of the RDPs, special efforts have been taken to obtain input into the design and execution of the RDPs. In addition, MRMIB and DHS are closely coordinating implementation of the four components of the RDP. MRMIB and DHS have conferred with the RHPC and CMSP Board in developing the RDPs as required in the authorizing legislation.

Below are examples of these coordination efforts:

- Four public meetings were held between November 1997 and May 1998 in various locations (Sacramento, Redding, Fresno, and San Diego) to obtain stakeholder input on the access barriers in rural areas, the need for RDP, and suggestions for possible strategies. Announcements were sent to approximately 1,600 individuals and organizations prior to each meeting. In addition, written input was solicited and received.
  - A series of approximately 15 meetings with groups interested in rural health were held in May and June 1998 to discuss the Governor's proposal to implement the RDP and to obtain input. Both DHS and MRMIB participated in these meetings.
- 

*Continued on next page.*

## I. INTRODUCTION (Continued)

### Activities for public input and interdepartmental coordination (continued)

- Interdepartmental meetings between MRMIB and DHS are held weekly to ensure coordination of implementation activities. In addition, the two agencies review and comment on draft of documents each is preparing (i.e., model contracts, regulations, RFA).
- On June 4, 1998, DHS and MRMIB met with the RHPC and the CMSP Board in a joint meeting to discuss the RDP. In addition, the RHPC and the CMSP Board have received regular briefings by the Department on the status of the RDP.

These efforts illustrate the commitment by DHS and MRMIB to maximize coordination to ensure that the RDPs are developed in a coordinated fashion. The coordination between the two agencies will ensure that the four components complement one another to achieve the goal of enhancing access to health care services in rural areas for children and other persons under 200 percent of the federal poverty level.

### Intent of the RDP

The intent of the RDP Program is as follows:

- To fund rural health care providers to alleviate the unique problems of access to health care in rural areas.
- To fund health care providers providing health care services to special populations in order to alleviate unique problems of access to health care by these populations.
- To enhance the applicant's ability to meet contract requirements of HFP health plans within twelve (12) months of the termination of the RDP grant.

### Background

The RDP Program, Strategy #3, Infrastructure, provides funding in the form of *grants* to health care organizations/providers to *develop or enhance their capabilities* to make services more available to eligible children in targeted geographic rural areas. Funding will be used for the development of infrastructure in areas where health care services do not exist or are inaccessible. Infrastructure may take a variety of forms, from enhancement or expansion of current providers to development of new capabilities where currently none exist.

The reality of rural health care in rural areas in California is that health care delivery systems simply do not exist or are antiquated, inadequate and poorly staffed. Population bases are not available to generate

*Continued on next page.*

## I. INTRODUCTION (Continued)

### Background (continued)

revenues for the maintenance or expansion of health care delivery systems. Basic core and necessary infrastructure is missing or inadequate in rural areas.

Problems include the lack of equipment, dilapidated or unavailable physical structures, lack of health care providers, lack of computers and other needed information technology, and other capacity needed to provide minimum levels of adequate health care.

Examples of funding for infrastructure development include: establishment of telemedicine capabilities, payment of salaries of medical practitioners, facility leasing/improvement, equipment leasing/purchasing, and/or computer LAN development among health care providers for continuity of eligibility and availability of health care information.

The long-term goal of this strategy is to enhance the *capability* of rural health providers and *place them in a better position to contract* with Healthy Families Program health insurance plans in the future. This will promote the ability of rural health care providers to fully participate in the Healthy Families Program and to provide eligible children with timely, geographically accessible comprehensive health care.

### Responsibility for RFA

The California Department of Health Services (DHS), Primary and Rural Health Care Systems (PRHCS) Branch, administers the Rural Demonstration Projects (RDP) Program. The DHS works cooperatively with the Rural Health Policy Council (RHPC), the Managed Risk Medical Insurance Board (MRMIB) and the County Medical Services Program (CMSP) Board to implement the RDP.

## II. DEFINITIONS

### Purpose

This section provides definitions for the commonly used terms in this RFA.

### Agriculture

Agriculture is farming in all its branches and includes:

- The cultivation and tillage of the soil;
- The production of dairy products;
- The production, cultivation, growing, and harvesting of any agricultural or horticultural commodities;

*Continued on next page.*

## II. DEFINITIONS (Continued)

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**Agriculture  
(continued)**

- The raising of livestock, bees, forbearing animals, or poultry;
  - Any practice performed by a farmer or on a farm as an incident to or in conjunction with such farming operations, including preparation for market, delivery to storage or to market or to carriers for transportation to market.
- 

**Capital  
expenditures**

Any item to be used for substantial improvement of a structure which will be used primarily for grant-funded activities.

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**Department/  
DHS**

The California Department of Health Services, within which the Primary and Rural Health Care Systems (PRHCS) Branch is located under the Primary Care and Family Health Division.

---

**Healthy Families  
Program (HFP)**

The HFP is a state and federally funded health, dental and vision coverage program for children with family incomes above the level eligible for no cost Medi-Cal and below 200 percent of the federal poverty level (\$27,300 for a family of three). The program began coverage of children on July 1, 1998. MRMIB has administrative responsibility for the HFP. Twenty-five health plans, four dental plans and one vision plan have been selected for participation in the program.

---

**Indian Health  
Service facility**

A tribal or urban Indian organization operating health care programs or facilities with funds from the Department of Health and Human Services, Indian Health Service, appropriated pursuant to the Indian Health Care Improvement Act (25 U.S.C. Section 1601) or the Snyder Act (25 U.S.C. Section 13).

---

**Infrastructure**

Generally defined as the basic facilities, equipment, renovations, and installations needed for the functioning of an organization. For purposes of this RFA, it is defined as the resources required to provide or arrange health, dental, or vision services to eligible participants in rural areas, e.g., establishment of telemedicine capability, salaries of medical practitioners, facility improvement, etc.

---

**Lead agency**

An agency or individual which would be the principal programmatic and fiscal agent in a collaborative partnership with other agencies and/or individuals.

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**DEFINITIONS**  
**(Continued)**

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**Local governmental agency**

Any local, public, governmental entity, or geopolitical subdivision of the State of California charged with serving clients, such as a county public health department, county mental health department, county alcohol and drug department, local or county school district.

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**Major equipment**

Any item with a base unit cost of \$5,000 and above and with a useful life expectancy of at least one year.

---

**Medical Service Study Area (MSSA)**

A “rational service area”, or a specific geographic region, as designated by the Office of Statewide Health Planning and Development (OSHPD), California Health Manpower Policy Commission, within which the majority of the population would be expected to receive their primary medical care. MSSAs do not cross county lines. MSSAs are recognized as “rational service areas.”

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**Migratory worker**

An individual whose principal employment is in agriculture, fishing and/or forestry, on a seasonal basis, as opposed to year-round employment; and who, for purposes of employment, does establish a temporary place of residence. Migrant workers live in a work area temporarily. Such employment must have been in the last twenty-four months.

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**Minor equipment**

Any item with a base unit cost of between \$500 and \$4,999.

---

**Patient tracking system**

A centralized and secure electronic system which assigns a unique, non-duplicative patient identification code. The patient’s eligibility or medical record, including any provided services, may be kept current and accessed only by authorized health care professionals for the purposes of quality and continuity of patient care.

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**Rural Medical Service Study Area (MSSA)**

A Medical Service Study Area with a population density of less than 250 persons per square mile and no town with a population in excess of 50,000 persons within the area.

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**Rural health**

A rural health network is a formal organizational arrangement among rural network health providers, e.g., hospitals, physicians, community health agencies, local public health agencies, and consumers and social service providers, which uses the resources of multiple organizations and specifies how various collaborative functions will be achieved. Such networks can help

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*Continued on next page.*

## II. DEFINITIONS (Continued)

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**Rural health network  
(continued)**

rural providers improve their ability to enter into and administer risk contracts with payers, use population-based approaches to assess health care needs, involve local residents in decision-making processes, and seek to retain health care dollars in local communities.

---

**Seasonal worker**

An individual whose principal employment is in agriculture, fishing and/or forestry, on a seasonal basis, as opposed to year-round employment; and who, for purposes of employment, does not establish a temporary place of residence. Seasonal workers commute to work in the area of their permanent address. Such employment must have been within the last twenty-four months.

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**Seasonal and migrant worker's dependents  
(family members)**

A dependent is any person living in the household, as a relative or non relative, whose gross income is less than \$2,500/annually. Over one half of the dependent's total support must be provided by the head of household.

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## III. PREREQUISITES AND REQUIREMENTS

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**Purpose**

This section provides an explanation of the prerequisites and requirements for application for RDP funding.

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**Eligibility**

An applicant must demonstrate that it meets **one** of the following criteria/definitions to be considered eligible for funding:

- A private health care provider, either solo or in group practice, of medical, dental and/or vision services who is licensed in the State of California.
  - Independent Practice Association (IPA).
  - A licensed health facility, either non-profit or for-profit.
  - A community clinic licensed under Section 1204 of the Health and Safety Code (H&SC); a community clinic exempt from licensure under subdivision (a), (b), (c), (f), (g), (k) and (m), of Section 1206 of the H&SC.
- 

*Continued on next page.*

### III. PREREQUISITES AND REQUIREMENTS (Continued)

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**Eligibility  
(continued)**

- A rural clinic (Public Law 95-210 clinics).
  - An Indian Health Service Facility, which is a tribal or urban Indian organization operating health care programs or facilities with funds from the Department of Health and Human Services, Indian Health Service, appropriated pursuant to the Indian Health Care Improvement Act (25 U.S.C. Section 1601) or the Snyder Act (25 U.S.C. Section 13).
  - A seasonal and migrant worker health clinic, which is licensed as a community clinic and patient population is at least 50 percent patients working in agriculture, fisheries or forestry and their dependents.
  - A Federally Qualified Health Center (FQHC), as designated under Section 330 of the Federal Public Health Service Act.
  - A county hospital or any licensed hospital, either non-profit or for-profit, including hospital districts.
  - An non-government or community-based, alcohol or mental health contractor or other drug abuse prevention program.
  - A local governmental agency, including a county public health department, mental health department, county alcohol and drug department.
  - A local emergency medical service provider.
- 

**Healthy Families  
Program health  
providers**

Health care providers currently contracting with an HFP health plan **are eligible** to apply for RDP funds. The applicant must identify which plan(s) it is contracting with.

---

**Healthy Families  
Program health  
plans**

Health insurance plans that are current contractors with the HFP **are not eligible** to apply for these funds. Health plans may apply for grant funds under the RDP health plan strategies being implemented and administered by MRMIB.

---

**Non-profit  
provider**

An applicant claiming private non-profit status must submit either;

- A certification from the State of California, Office of the Secretary of State; or
  - A letter from the federal Department of the Treasury, Internal Revenue Service, classifying the applicant agency as a private non-profit corporation.
- 

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### III. PREREQUISITES AND REQUIREMENTS (Continued)

<b>For-profit provider</b>	An applicant that is a for-profit health care entity, provider or organization is eligible to apply for a grant.
<b>Rural Medical Service Study</b>	The applicant must be <b><i>located, and services must be provided</i></b> in a <b><i>rural</i></b> Medical Service Study Area (MSSA), as defined by the RHPC.  <b>Area (MSSA)</b>

### IV. SERVICE AREA(S) AND POPULATIONS

<b>Purpose</b>	This section describes the target services area(s) and population(s) on which applicants for this RFA will focus services.
<b>Service area(s)</b>	<p>Information about current Healthy Families Program provider locations for health and dental services is included under separate cover in the Addendum to the RDP RFA. This information is being provided to assist applicants in demonstrating the need in their particular communities. The data reports list the current health care providers who have contracted with one of the HFP health or dental plans, the county their practice is located, as well as the rural MSSA number. This information is important to review in making a case for limited or no availability of health and/or dental services in communities. As applicants will note, many rural MSSAs have a few or no providers and those that do, may not necessarily reflect the type of specialty needed in the rural community. One of the reports includes all existing non-HFP providers by county and rural MSSA.</p> <p>Also included in the Addendum, are maps of all rural MSSAs by county and designated MSSA numbers. In back of each county map, there is rural MSSA information by county to include number of current HFP provider counts, non HFP existing provider counts, HFP dental provider counts, population residing in the rural MSSA, estimates of HFP eligibles, and number of children under 19 years of age between 100 – 200 percent of the federal poverty level. Also included in the Addendum, are two state maps, one dental and one health care, depicting the number of providers in each rural MSSA.</p> <p>It is important to note that the information provided will not be the only criteria/factors considered for funding or in determining if need has been demonstrated. An applicant may use any additional data/information that</p>

*Continued on next page.*

#### IV. SERVICE AREA(S) AND POPULATIONS (Continued)

**Service area(s)  
(continued)**

will help demonstrate the need in their community. These reports are provided as assistance and information. The Department will use this information as only one of the factors to be used in determining funding priorities.

**Population(s)**

The applicant must indicate that the funds will be used to focus health care services on populations:

- Whose family income is equal to or below 200 percent of the federal poverty level.
- Who are not eligible for private insurance or another public assistance program (Medi-Cal).

Additionally, applicants may apply for these grant funds to target seasonal or migratory workers in the agriculture, forestry or fishing industries. Applicants focusing on these populations must also ensure populations meet income eligibility criterion and are not eligible for any other private or public insurance program.

Please refer to Appendix C, Federal Poverty Level (FPL), for the current figures.

The Department recognizes that it is impractical to limit the use of RDP grant funds for infrastructure solely for services to eligible children, as rural families are also in great need of adequate health care services. However, applicants **must target a significant portion** (50 percent or more) of Healthy Families Program eligible children in their proposal.

#### V. FUNDING ISSUES

**Purpose**

This section describes the various funding issues inherent in applying for RDP Program funds.

**Maximum  
funding**

A maximum of \$3,000,000 per calendar year for a total amount of \$9,000,000 is anticipated to be made available to support the services and activities funded under this grant program, subject to the Budget Act.

Grant funds will be awarded on a calendar year basis commencing February 1, 1999. Grants may be awarded for periods of one, two, or

*Continued on next page.*

## V. FUNDING ISSUES

(Continued)

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### Maximum funding (continued)

three years. A three-year grant will incorporate four fiscal years, as follows:

- Fiscal year 1998-1999
  - Fiscal year 1999-2000
  - Fiscal year 2000-2001
  - Fiscal year 2001-2002
- 

### Funding parameters

The RDP RFA has minimum and maximum funding parameters:

- Minimum award: \$50,000
- Maximum award: \$250,000

Grantees may **not** receive more than \$250,000 grant funds during the entire three-year project period. The maximum award may be provided for a one, two, or three year period. The minimum amount awarded will be not less than \$50,000 per year.

The Department reserves the right to negotiate the terms and conditions of all awards, including the amount of funding. The Department reserves the right to reject any or all applications, as well as to make the final selection of applicants for funding.

---

### Funding options

Funds may be used for, but are not limited to, the following:

- Mobile clinics
- Emergency vehicles
- Vehicles for patient/staff or provider transportation
- Capital expenditures
- Equipment purchasing
- LAN developments among health care providers
- Medical records systems
- Data collections and analysis
- Accounting and cost funding systems
- Patient tracking systems
- Integrated computer systems
- Licensed health professional staff
- Administrative support staff
- Technical assistance to meet licensure or to meet Healthy Families Program health plan requirements

Staff positions will be funded from 50% to 100% FTE. No positions will be funded at *less than* 50%, unless applicant can justify funding of a “new” position at less than 50%. Funding for existing positions at less than 50% will not be considered.

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*Continued on next page.*

## V. FUNDING ISSUES

(Continued)

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**Funding options  
(continued)**

Applications for similar or related items which will improve access to health care in rural areas may be considered.

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**Funding cycles**

The length of the grant period may vary, depending upon the applicant's objectives. The applicant may apply for a one-year, a two-year, or a three-year grant, depending upon the need and type of project proposed.

Applications not awarded funds in the first year will be kept on file and may be awarded funds in future years, dependent upon availability of funding.

If an applicant is subsequently funded in a year other than the year for which funds were originally requested, the applicant will be required to submit a Letter of Confirmation, attesting to the fact that the objectives and activities submitted in the original application remain substantially the same.

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**Funding restrictions**

Funding will be restricted to the development of health care delivery systems infrastructure in areas where health care services are limited, do not exist, or are inaccessible.

Please refer to Part Three, Section VIII, Budget Proposal, for specific information regarding prohibited expenses.

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**Funding availability**

Availability of RDP Program funds is subject to the passage of the Budget Act. Continuation funding beyond the initial year is contingent upon the availability of funds, grantee performance and compliance with the grant requirements.

If during the term of the grant award, the funds appropriated for the purposes of the grant award are reduced or eliminated, the grant may be immediately terminated or reduced by written notice to the grantee.

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**Future funding**

RDP Program funding beyond December 31, 2001 is not anticipated at this time.

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*Continued on next page.*

## PART TWO: APPLICATION PROCESS

### Purpose

This part of the Request for Application (RFA) includes four sections:

- I. Sequence of Dates and Activities
- II. Bidders Conference
- III. Letter of Intent
- IV. Instructions
- V. Application Review and Selection
- VI. Appeal process

### I. SEQUENCE OF DATES AND ACTIVITIES

### Purpose

This section describes the dates and implementation activities for this RFA.

DATE	ACTIVITY
September 24, 1998	Release of the RFA
October 13, 1998	Bidder's Conference - Sacramento
October 15, 1998	Bidder's Conference - San Diego
October 26, 1998	Letter of Intent Due
November 9, 1998	Applications Due
December 4, 1998	Award Decisions Announced
December 21, 1998	Appeals Deadline
January 4,- January 8, 1998	Appeal Hearings
December 14,- January 8, 1999	Scope of Work and Budget Negotiations
January 15,- January 31, 1999	Grant Award Process
February 1, 1999	Grant Period Commences
December 1, 2001	Grant Period Ends

### II. BIDDERS CONFERENCE

### Purpose

Two Bidders Conferences will be held in mid October 1998 to answer questions and to clarify information contained in this RFA for potential applicants.

*Continued on next page.*



## II. BIDDERS CONFERENCE

(Continued)

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### Conference information

The Bidders Conferences will be held in the following locations, times and dates:

October 13, 1998	Sacramento 714 P Street - Auditorium 1:00 P.M.- 3:00 P.M.
October 15, 1998	San Diego State Building 1350 Front Street, Room B-109 10:00 A.M. - 12:00 P.M.

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## III. LETTER OF INTENT

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### Purpose

This section provides instructions for submission of the Letter of Intent.

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### Format

Applicants must use the format in Attachment C, "Letter of Intent to Apply for RDP Program Funds," or its exact duplicate.

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### Address for letter submittal

Submit the Letter of Intent to:

Anna Ramirez, Chief  
Primary and Rural Health Care Systems Branch  
Department of Health Services  
714 P Street, Room 550  
P.O. Box 942732  
Sacramento, CA 95814  
Attention: Rural Demonstration Projects Program

***The U.S. Postal Service Priority Mail will not deliver to the DHS street address. If Priority Mail is used, please address the packet to the P.O. Box address.***

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### Number of copies

One original Letter of Intent and one copy.

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### Deadline for submittal

The letter of Intent must be **received by the Department** no later than **5:00 P.M., Monday, October 26, 1998**. Letters of Intent will not be accepted after the due date.

The letter is not binding if an applicant elects not to submit an application.

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*Continued on next page.*

### III. LETTER OF INTENT (Continued)

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**Facsimile letter  
of intent**

Letters of Intent transmitted by **facsimile (fax) will be accepted**. The fax number is (916) 654-5900. If transmission difficulties are encountered, please call (916) 654-0348.

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### IV. INSTRUCTIONS

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**Purpose**

This section provides instructions for submission of an application for Rural Demonstration Project's (RDP) funds.

---

**Format**

The application must be typed and double-spaced with one-inch margins on all sides of the paper. The type font must be no less than 12 points.

Text must appear on a single side of the page only.

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**Assembly**

Assemble the application using the Application Checklist (Attachment A). Clearly paginate each page at the bottom of the page. Staple the application together in the upper left-hand corner. **Do not** use a three-ringed or other binder, brads, or a special cover.

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**Signatures**

All original signatures must be in **blue** ink.

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**Address for  
application  
submittal**

Anna Ramirez, Chief  
Primary and Rural Health Care Systems Branch  
Department of Health Services  
714 P Street, Room 550  
P.O. Box 942732  
Sacramento, CA 95814  
Attention: Rural Demonstration Projects Program

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**Number of  
copies**

One original application (clearly marked "original") and three copies.

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**Facsimile  
applications**

Applications transmitted by **facsimile (fax) will not be accepted**.

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**Deadline  
for submittal**

All applications must be **received no later than 5:00 P.M., Monday, November 9, 1998**. Applications received after the due date will not be accepted for review. Mail carrier documentation is **NOT** considered proof

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*Continued on next page.*

#### IV. INSTRUCTIONS (Continued)

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**Deadline for  
submittal  
(continued)**

of receipt. A proof of receipt or "Application Receipt" form will be date stamped and attached to each application packaged received. The Department staff, if requested, will give an "Application Receipt" to the carrier or person making the delivery. This document shall constitute the only proof of timely submission to the Department.

---

**Development  
costs**

The cost of developing the response to the RDP Program RFA is entirely the responsibility of the applicant and shall not be chargeable to the State of California nor included in any cost element of the RFA.

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#### V. APPLICATION REVIEW AND SELECTION

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**Purpose**

This selection describes the Department's process for reviewing and selecting the RDP Program applications for funding.

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**Application  
screening**

Each application received by the Department by **5:00 P.M., Monday, November 9, 1998**, will be reviewed for completeness and compliance with the RFA instructions.

---

**Application  
rejection**

The following circumstances will result in rejection of the application prior to the review and scoring:

- An application which is late, incomplete or non-compliant.
- An application which omits any required document or form.
- An application which fails to use required formats.
- An application which fails to respond to any requirement.

The Department may also reject any or all applications received.

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**Immaterial  
deviation  
waiver**

The Department may waive any immaterial deviation in any application. This waiver of any immaterial deviation shall not excuse an applicant from full compliance with the grant terms if a grant is awarded.

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**Proposal  
evaluation**

Each application determined eligible will be reviewed against various criteria. The review will be conducted by teams assembled by the Department to include staff from MRMIB. Reviewers will score on a 100 scale.

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*Continued on next page.*

## V. APPLICATION REVIEW AND SELECTION (Continued)

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**Grantee  
selection  
criteria**

Grantee selection will be based on the scores received in the technical and programmatic analyses by the Department. Criteria for selection and final funding determination may include, but are not limited to, the following:

- The need for the project based on the current HFP health plan provider network. Please refer to Appendix C for information regarding current HFP providers.
- The services to children and families, and estimated number of children to be served.
- The project's feasibility (measurable objectives and activities and appropriate guidelines).
- The budget's relationship to the objectives and activities.
- The applicant's ability to meet HFP contracting requirements with HFP health plans within twelve months of the termination of the RDP grant period.
- Plan for evaluation.

Please refer to Part Three, Application Narrative, for additional information.

---

**Performance  
review**

As part of the selection process, the Department may review an applicant's performance under current or prior grants, contracts, or cooperative agreements with the Department. This may include, but is not limited to, a review of financial and programmatic audits.

The Department reserves the right to reject an application based on an applicant's failure to comply with contracted requirements in prior grants, contracts or cooperative agreements with the Department.

---

**Funding  
consideration**

The Department reserves the right to fund or not to fund any proposal. An application failing to receive a minimum score of 70 points may be eliminated from further consideration or it may be funded, if the application is determined not to impede or compromise the quality of health care services and meets one or more of the following criteria:

- The application demonstrates significant need.
  - There are no existing providers in the geographic area served by the applicant.
- 

*Continued on next page.*

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## V. APPLICATION REVIEW AND SELECTION (Continued)

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### **Funding consideration (continued)**

- The award supports equitable geographic distribution of funds.
- The application will be a viable project with the provision of technical assistance by the Department.
- The proposal will expand availability and accessibility of services.

Please refer to Part Three, Application Narrative, for further information regarding scoring of applications.

---

### **Final selection**

Final selection for funding will be based on the geographic distribution of projects. An equitable and balanced geographic distribution of funds will be achieved. Applications receiving a passing score but not funded during calendar year 1999, will be held for further funding consideration during FY 1999-2000 if an appropriation of \$3 million is realized.

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### **Contract award Process**

An applicant selected as a potential candidate for funding will be notified by mail during the week of **December 4, 1998**. Grant negotiations will be scheduled between December 14, 1998 – January 8, 1999. The Department reserves the right to negotiate the Budget and Scope of Work.

A final "Notice of Intent to Award" the grant, including the final recommended funding level, will be mailed to successful applicants upon completion of grant negotiations. If a successful applicant fails to finalize the grant or if the requested changes cannot be mutually agreed upon, the Department reserves the right to withdraw the grant award.

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### **Agreement to terms**

Submission of an application constitutes the applicant's agreement to all terms and conditions of the RFA, including any subsequent addenda and any subsequent grant terms. This includes, but is not limited to, documentation requirements for audit purposes (Refer to Attachment G).

The applicant further agrees to and acknowledges the Department's right to make award decisions. This argument in no way precludes the applicant's right to appeal the Department's initial funding award decision.

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## VI. APPEAL PROCESS

### Appeals

An applicant denied funding may appeal the Department's decision. The steps of the appeal process are identified in the following table.

STEP	RESPONSIBLE PARTY	ACTION	COMMENTS
<b>Step 1</b>	Appellant	Identify the grounds for the appeal	There is no appeal for untimely or incomplete applications or for the amount of the award.
<b>Step 2</b>	Appellant	Submit a written appeal	A full and complete written appeal must be submitted. Clearly identify the issues in dispute, the legal authority, the basis for the protest and remedy sought.
<b>Step 3</b>	Appellant	Submit the appeal in a timely fashion	Appeals must be received no later than ten (10) working days following the date of the denial notice.
<b>Step 4</b>	Appellant	Direct the appeal to the appropriate person	Appeals must be directed to: Anna Ramirez, Chief PRHCS Branch Department of Health Services 714 P Street, Room 550 Sacramento, CA 95814
<b>Step 5</b>	Deputy Director, Primary Care and Family Health	Review and render decision	The Deputy Director (D.D.) or representative may hold an oral hearing and render a decision based on the contents of the written appeal letter and the hearing.  <b>The decision of this individual is final. There is no further administrative appeal.</b>
<b>Step 6</b>	PRHCS Branch staff	Send notification of the decision	Appellants will be notified in writing of the decision regarding their appeal within fifteen (15) working days after the hearing date.

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## PART THREE: APPLICATION NARRATIVE

**Description** This part of the Request for Application (RFA) includes eight sections:

- I. Introduction
- II. Administration Structure and Capacity
- III. Health Plan Contracting Compliance
- IV. Problem Statement
- V. Scope of Work
- VI. Evaluation Plan
- VII. Budget Justification
- VIII. Budget Proposal

### I. INTRODUCTION

**Purpose** This section of the application provides the overall instructions for the narrative portion of the RFA.

**Scoring of sections** Each of the eight sections will be reviewed; however, only seven sections will be scored using a five point scale. The total number of points received per section will be multiplied by the specified weight for each section. The five point scale will consist of the following ratings:

- 5 points = outstanding
- 4 points = very good
- 3 points = adequate
- 2 points = poor
- 1 point = inadequate

*e.g., If the weighting for a section is 8, and the response is judged to be very good (4), the score for the section is  $8 \times 4 = 32$ . The maximum possible total score for all sections is 100. A passing score is 70 points.*

To achieve maximum score, the narrative must fully address each of the sections described in this part (Part Three) of the RFA.

**Narrative length** The narrative must be no more than **eight** pages in length (not including the Scope of Work or the Budget Justification and Budget Proposal). Please refer to Attachment D for the Scope of Work format and Attachment E for the Budget Proposal format.

*Continued on next page.*

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## I. INTRODUCTION (Continued)

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Application  
checklist

**An applicant is required to submit the “Application Checklist” (Attachment A) as part of the application to ensure that all necessary forms are completed and submitted.**

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Collaboration

**Applicants are encouraged to involve any available collaborating agencies or individuals, including rural health networks, in planning and implementing proposed projects to ensure the optimal provision of health care services for eligible children.**

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## II. ADMINISTRATIVE STRUCTURE AND CAPACITY

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Page limit  
and score

**This section is limited to two pages in length and has a weight of 2.**

**A. Factors to be addressed:**

- **Describe the applicant’s mission and philosophy regarding services and service delivery to the targeted area(s) or population(s).**
  - **Describe the applicant’s current capability and resources for ensuring timely start-up and implementation.**
  - **Describe any applicant/staff experience and ability to implement the proposed project. (Attach an organizational chart and staffing plan and identify key personnel).**
  - **Discuss the applicant’s willingness to submit progress/activity, financial reports, annual updates to the Scope of Work, and Budget as necessary, as designed and required by the Department.**
- 

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## III. HEALTH PLAN CONTRACTING COMPLIANCE

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Contractor  
requirements

**How an applicant addresses this section in their application is dependent on whether or not the applicant is currently a contractor of one or more of the HFP health plans. If the applicant is not a contractor of the HFP health plans, the requirements for this section are outlined under A. If the applicant is currently a contractor of one or more of the HFP health plans, the requirements for this section are outlined under B.**

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*Continued on next page.*



### III. HEALTH PLAN CONTRACTING COMPLIANCE (Continued)

Page limit  
and score

**This section is limited to two pages in length and has a weight of 4.**

**A. Factors to be addressed if the applicant is not currently a contractor of an HFP health plan.**

- **Discuss the applicant's plan to meet health plan contracting requirements within 12 months after termination of grant period.**
- **Provide evidence of communication, such as, correspondence initiating negotiations or a letter of intent to contract once stated deficiencies have been rectified with one or more Healthy Families Program health plans and describe how the grant will improve or increase services.**
- **Discuss the applicant's plan to broaden the proposed services into other communities in the targeted area(s).**

**B. Factors to be addressed if the applicant is currently a contractor of an HFP health plan.**

- **Indicate which HFP plan(s) the applicant is currently contracting with.**
- **Describe how the application will either increase access to an existing service or creates access by developing a new service and/or location for new services.**
- **Indicate how the new or expanded proposed service(s) will be contracted for by an HFP plan(s).**
- **Describe the applicant's plan to broaden the proposed services into other communities or within the community in the targeted area.**

### IV. PROBLEM STATEMENT

Page limit  
and score

**This section is limited to three pages in length and has a weight of 3.**

**Factors to be addressed:**

- **Provide an estimate/number of HFP eligible children to be served with these grant funds.**

*Continued on next page.*

#### IV. PROBLEM STATEMENT (Continued)

Page limit  
and score  
(continued)

- **Provide information which confirms the applicant's physical location in, and provision of services to, an area determined to be lacking adequate health care services. (Provide the MSSA number and a narrative description).**
- **Include any current demographic information, size and geographic boundaries of the proposed service area(s).**
- **Describe any existing impediments and/or geographic access issues, including travel and transportation concerns and topographic barriers.**
- **Describe any cultural or ethnic issues which would prevent the population(s) from accessing adequate health care, e.g., language, lack of access to information, etc.**
- **Describe any relevant lifestyle concerns, including barriers, economic status, working conditions, etc.**

#### V. SCOPE OF WORK

Page limit  
and score

**The Scope of Work has no page limit. However, it must be presented in the format identical to that in the Sample Scope of Work, Attachment E. This section has a weight of 4.**

**Factors to be discussed:**

- **Goals which are consistent with the Problem Statement. Goals are broad statements of intent toward which project efforts are directed, e.g., to provide an adequate level of health care to families residing in the targeted area; to address the problems families encounter in accessing health care; etc.**
- **Objectives which will clearly accomplish the described goals. Objectives are measurable, quantifiable indicators which identify specific results within a given time frame, e.g., hire and train two health care specialists to provide services to target areas; conduct 4 clinics for 50 children; purchase one emergency care vehicle for target area, etc.**

*Continued on next page.*

## **V. SCOPE OF WORK**

### **(Continued)**

- Activities which clearly specify actions intended to achieve the objectives, e.g., advertise for health care specialists; prepare a training schedule; advertise the availability of the clinics in English and Spanish; prepare a clinic schedule, etc.
- Start and end dates for each objective.
- Selected targeted geographic area(s).
- Number and positions of assigned staff.
- A description of the documents to be used to track the progress of the objectives and activities.

## **VI. EVALUATION PLAN**

Page limit  
and score

**This section is limited to one page in length and has a weight of 1.**

**An applicant's response to this section should be based on the nature and complexity of the proposal. If grants funds will be used solely for the acquisition of equipment, this section would primarily address the applicant's process of verification of the acquisition of the equipment and the intended impact the acquired equipment will have on access to health care or dental services. However, if grant funds will address additional issues, e.g., a multi-county, multi-provider proposal, all three-evaluation elements which follow below should be addressed.**

- **Explain how the applicant will measure and track the progress toward achieving the goals and objectives in a time-limited manner.**
- **Describe the applicant's capacity to collect and report data for evaluation, including management of data collection and analysis, and feedback systems.**
- **Identify staff or subcontractor expertise in performance and completion of evaluation activities.**

*Continued on next page.*

## VII. BUDGET JUSTIFICATION

Page limit  
and score

The Budget Justification has no page limit. However, the applicant must provide a Budget Justification that explains the amount proposed for each of the line items in the Budget Proposal. This section has a weight of 2.

Factors to be addressed:

- Identify how the overall costs are related to, and necessary for, the achievement of the project goals, objectives and activities.
- Identify the line item and the proposed budget amount with a brief statement below each line item documenting the appropriateness, reasonableness and necessity of the proposed amounts and their relationship to the achievement of project goals, objectives and activities.

## VIII. BUDGET PROPOSAL

Page limit  
and score

The Budget Proposal has no page limit. However, the applicant must provide a Budget Proposal that closely corresponds with the objectives and activities in the application. This section has a weight of 4.

Please refer to Attachments E-2 through E-6, Budget Proposal.

Purpose

All expenditures must be for the sole purpose of providing infrastructure to improve health care delivery in rural areas.

Budget  
negotiations

The Department reserves the right to negotiate with the selected grantees to determine the final grant amount, as the final grant amount may differ from that requested in the application. If selected for funding at a different amount than requested, a final budget will be required that will document proposed expenditures as recommended by the Department. Final budgets, in conjunction with Scopes of Work, may be used by the Department or an auditor to assess funding utilization and appropriateness.

Whole dollars

Applicants must prepare the Budget Proposal with all amounts rounded to whole dollars.

*Continued on next page.*

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## VIII. BUDGET PROPOSAL

(Continued)

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### Budget years

**A separate Budget Proposal must be submitted for each calendar year for which the applicant is applying for funds.**

**The total amount of funds available is \$3,000,000 per fiscal year. Grant funds will be awarded on a calendar year basis, commencing January 1, 1999. Grants may be awarded for periods of one, two or three years. A three-year grant will incorporate four fiscal years, as follows:**

- **Fiscal Year 1998-1999**
  - **Fiscal Year 1999-2000**
  - **Fiscal Year 2000-2001**
  - **Fiscal Year 2001-2002**
- 

### Line items

**There are five allowable line items in the budget as follows:**

- **Personnel (“Salaries and Wages” and “Fringe Benefits”)**
- **Operating Expenses**
- **Capital Expenditures and Major Equipment**
- **Other Costs**
- **Indirect Costs**

**A description of the specific costs which may be included in each line item is included in this section.**

---

### Budget proposal forms

**There are five Budget Proposal forms to be included when submitting the response to this RFA. They are as follows:**

- **Budget Proposal Summary**
- **Personnel line item**
- **Operating Expenses line item**
- **Capital Expenditures and Major Equipment line item**
- **Other Costs line item**

**The applicant is required to complete each budget proposal form for each calendar year the applicant is requesting funds.**

---

### Personnel line item

**The “Personnel” line item is comprised of two components: “Salaries and Wages” and “Fringe Benefits”.**

**The aggregate of the “Salaries and Wages” and “Fringe Benefits” constitutes the total “Personnel” costs.**

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*Continued on next page.*

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VIII. BUDGET PROPOSAL  
(Continued)

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Salaries and  
Wages

---

The “Salaries and Wages” component must include:

- The title of each position or classification to be funded under the grant.
  - The salary range for each classification/position.
  - The percent of time the position will be providing services to be funded, expressed as a full-time equivalent.
  - The resulting total “Salaries and Wages”.
- 

Full-time  
equivalency

---

If there is more than one person in a position or classification, use a full-time equivalency (FTE), e.g., three half-time physicians would be itemized as 1.5 FTE physician positions.

Staff positions will be funded from 50% to 100% FTE. *No positions will be funded at less than 50%.*

For purposes of this grant, a “full-time” position is considered to be 40 hours a week.

---

Associated  
personnel costs

Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries. If agency personnel have accrued sick leave or vacation time prior to the approval of grant funding, they may not take the time off using project funds.

---

Fringe Benefits

---

The “Fringe Benefits” component must be expressed as a total amount and as a percentage of the aggregate “Salaries and Wages”. Benefits cannot exceed those already established by the applicant prior to the award of the grant.

Allowable fringe benefits costs include the following:

- Employer contribution
  - Expenses for social security
  - Employee life and health insurance plans
  - Unemployment insurance
  - Pension plans
  - Uniforms and professional association dues (if negotiated as part of the employee benefit packages).
- 

*Continued on next page.*

## VIII. BUDGET PROPOSAL (Continued)

Operating  
Expenses  
line item

Allowable operating expenses are those expenditures exclusive of personnel services and benefits necessary for performance of the grant terms. Such expenses must be grant related and incurred during the term of the grant. Operating expenses include the categories as follows:

1. General Expenses
2. Travel and Per Diem
3. Audit Costs
4. Space Rent/Lease
5. Printing
6. Equipment Rental

Each category of expense is fully explained in the sections which follow.

General  
Expenses

This category includes all costs that are general to the operation of the project and that are not identified as Personnel, Capital Expenditures and Major Equipment, Other Costs, or Indirect Costs.

Examples of such expenses include:

- Expendable supplies to be used for medical, dental and vision services.
- Minor equipment purchases with an acquisition cost of between \$500 and \$4,999 per unit, including tax, installation and freight.
- General office supplies.
- Vehicle licenses; insurance; maintenance for large equipment items or vehicles purchased with funds from this grant.
- Communications expenses, e.g., monthly charges for telephones, facsimile machines, telemedicine transmission costs, and Internet access charges.

Travel and  
per diem

Applicants must budget for all travel related to the administration of the project. The applicant must separately identify the travel costs related to staff's specific activities, such as travel costs to attend trainings or meetings.

*Continued on next page.*

## VIII. BUDGET PROPOSAL

(Continued)

Travel and  
per diem  
(continued)

**For both staff and project-related travel, the applicant must utilize the lowest available cost method of travel, as appropriate.**

**Travel reimbursement is on a per trip basis. Mileage reimbursement is for all costs of vehicle operation. For the use of a private automobile, the state mileage reimbursement rate is \$0.24 per mile without certification, or up to \$0.30 per mile with an annual certification that the cost of vehicle operation equals or exceeds the amount claimed. This documentation must be on file with the agency and available for audit, but should not be submitted with the application.**

Audit costs

**The costs of obtaining a financial audit must be included in the budget. An independent financial audit must be obtained at the completion of each of the applicant's calendar years applicable to the term of the grant. If the total annualized amount of the grant is less than or equal to \$150,000, the applicant may budget up to \$3,000 for the financial audit costs. If the annualized total amount of the grant is greater than \$150,000, the applicant may budget up to two percent of the total grant for audit costs.**

Space rent/  
lease

**The cost of office rental or lease must be identified according to the total square feet, the cost per square foot, and the percent of time being used for funded activities.**

Printing

**Identify the costs of printing, duplication and reproduction of materials to be used. If more than an incidental (10 percent) portion of the grant amount is for printing, such printing must be approved by the Department.**

Equipment  
rental

**Rental or leased equipment must be budgeted as an operating expense; lease-purchase options are not allowed.**

Capital  
expenditures  
and major  
equipment  
line item

**Applicants may use RDP Program funds to make capital expenditures and/or to purchase major equipment with the following expectations and restrictions:**

- **All purchases of capital expenditures and major equipment must be approved by the Department prior to actual purchase.**

*Continued on next page.*



**VIII. BUDGET PROPOSAL**  
(Continued)

Capital  
Expenditures  
Major  
line item  
(continued)

- All major equipment purchased in whole or in part with state grant funds must be utilized primarily for project purposes during the life and of the grant.
- All major equipment purchased must be deemed essential to the implementation and operation of the project (the purpose for the equipment must be clearly related to the projects' objectives and activities).
- Grant funds may not be used to purchase land.
- The grantee will maintain utilization records which support project utilization.
- Grant funds may not be used to reimburse the applicant for major equipment already purchased.

Other Costs  
line item

Allowable expenses in this line item may include the following:

- Training for project staff.
- Travel costs to assist program participants to obtain project services.
- Salaries/fees for subcontracts/consultants.

Applicants may propose other expenses which may be included in this line item and which are not easily attributable to other line items.

Subcontracts/  
consultants

Consulting services are those services provided to the applicant on a contractual basis by individuals or organizations that are not employees of the applicant. Consultants must not be used in lieu of employees. Each individual consultant and the specific expertise they will contribute to the project must be identified. The maximum amount per day payable to a consultant is \$350. Collaborating agencies subcontracting with the applicant must also comply with these requirements.

Indirect Costs  
line item

The applicant must identify the amount of the indirect costs and also express the amount as a percent of personnel costs, excluding fringe benefits. The maximum allowable indirect rate is ten percent of the total personnel costs, excluding fringe benefits.

*Continued on next page.*

VIII. BUDGET PROPOSAL  
(Continued)

Prohibited  
expenses

**RDP Program funds may not be used for the following:**

- **“Salaries and Wages” and “Fringe Benefits” for Executive Directors.**
- **Bonuses/commissions to any individual, organization or firm.**
- **Lobbying activities.**
- **Organized fund raising, including financial campaigns.**
- **Endowment drives, solicitation of gifts and bequests, or similar expenses incurred solely to raise capital or obtain contributions.**
- **Acquisition of land.**
- **Interest payments.**
- **The costs of responding to this RFA and preparing an application.**
- **Religious Doctrine/Beliefs: The California Constitution (Article XVI, Section 5) prohibits the use of state grant funds to either aid any religious sect, church or sectarian purpose (including both direct grants and subcontracts) or to fund the cost of program services or educational curricula that are religious or promote religious doctrine.**
- **Any expenditures prohibited by state statute or regulation.**

# Attachment A

**PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH  
RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEAR 1998/1999 - FISCAL YEAR 2000/2001**

## APPLICATION CHECKLIST

The items below must be submitted as part of this application, **in the order indicated**. Please review carefully, check off each item included with the application, and indicate the applicant-assigned page number in the last column. If the item does not apply, enter a reply of "N/A" in the last column.

CHECK BOX	ITEM	RFA PAGE	APPLICATION PAGE
	<b>Application Cover (Attachment B)</b>		
	<b>Administrative Structure and Capacity (two-page limit)</b>		
	<b>Potential for Meeting Health Plan Contracting Requirements (two-page limit)</b>		
	<b>Problem Statement (three-page limit)</b>		
	<b>Completed Scope of Work Form(s) (Attachment D)</b> Please check all calendar years for which application is being made. <div style="text-align: center;"><input type="checkbox"/> 1999      <input type="checkbox"/> 2000      <input type="checkbox"/> 2001</div>		
	<b>Evaluation Plan (one-page limit)</b>		
	<b>Budget Justification</b>		
	<b>Budget Proposal Summary (Attachment E-1)</b> Assemble this Attachment, and Attachments E-2 through E-5, in calendar year order. Please check all calendar years for which application is being made. <div style="text-align: center;"><input type="checkbox"/> 1999      <input type="checkbox"/> 2000      <input type="checkbox"/> 2001</div>		
	• <b>Budget Proposal - Personnel Line Item Detail (Attachment E-2).</b>		
	• <b>Budget Proposal - Operating Expenses Line Item Detail (Attachment E-3).</b>		
	• <b>Budget Proposal - Capital Expenditures and Major Equipment Line Item Detail (Attachment E-4).</b>		
	• <b>Budget Proposal - Other Costs Line Item Detail (Attachment E-5).</b>		
	<b>Authorization to Bind Corporation (Attachment F)</b>		
	<b>Applicant Documentation Requirements (Attachment G)</b>		
	<b>Incoming Funds by Source (Attachment H)</b>		
	<b>Migratory and Seasonal Worker Provider Attestation (Attachment I)</b>		
	<b>Proof of Non-Profit Status (if applicable)</b>		
	<b>Other Optional Attachment(s), as appropriate:</b>		
	• <b>List of Board of Directors</b>		
	• <b>Operational Agreement(s) or Letter(s) of Commitment</b>		
	•		
	•		
	•		

**PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH  
RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEAR 1998/99 TO 2000/2001**

**APPLICATION COVER**

<b>APPLICANT</b>		
Company Name:		
Name of Contact Person:		Title:
Telephone:	FAX:	E-Mail:
Mailing Address:		
City:	County:	Zip:
Street Address:		
City:	County:	Zip:
<b>FINANCIAL OFFICER</b>		
Name:		Title:
Telephone:	FAX:	E-Mail:
Mailing Address:		
City:	County:	Zip:
<b>FUNDING REQUEST (for each year of project)</b>		
1999	2000	2001
\$	\$	\$
Total Amount Requested _____		\$ _____
<b>OTHER APPLICANT INFORMATION</b>		
Nonprofit Corporation Number	Federal Tax Identification Number	State Tax Identification Number
Medical Service Study Area (MSSA) Number	Clinic License Number and Expiration Date	Medi-Cal Provider Number(s):
<b>QUESTIONNAIRE</b>		
Is the lead agency an Federally Qualified Health Center (FQHC) or FQHC look-alike?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the lead agency a Rural Health Clinic?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the lead agency a Disproportionate Share Hospital?		Yes <input type="checkbox"/> No <input type="checkbox"/>
What is principal county and region of operation?		
<b>SIGNATURES</b>		
_____ Executive Director		_____ Date
_____ Name (Typed)		
_____ Board Chairperson (if applicable)		_____ Date
_____ Name (Typed)		

**PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH  
RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEAR 1998/99 TO 2000/2001**

**LETTER OF INTENT TO APPLY FOR  
RURAL DEMONSTRATION PROJECT PROGRAM FUNDS**

<b>APPLICANT</b>		
Company Name:		
Name of Contact Person:		Title:
Telephone:	FAX:	E-Mail:
Mailing Address:		
City:	County:	Zip:
Street Address:		
City:	County:	Zip:
Mailing Address:		
Medical Service Study Area (MSSA) Number:		

<b>BASIS FOR APPLICANT ELIGIBILITY</b>		
Federally Qualified Health Center (FQHC)	<input type="checkbox"/>	Rural Health Clinic <input type="checkbox"/>
Disproportionate Share Hospital (DSH)	<input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

<b>FUNDING REQUEST (for each year of project)</b>		
1999	2000	2001
\$	\$	\$
Total Amount Requested _____ ➡		\$

<b>LOCATION/POPULATION DESCRIPTION</b>
Principal County/Region of Operations:
Service Population:

<b>SIGNATURES</b>	
Executive Director _____	Date _____
Name (Typed) _____	
Board Chairperson (if applicable) _____	Date _____
Name (Typed) _____	

# Attachment D

Page \_\_\_\_ of \_\_\_\_

PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH  
RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEARS 1998/1999 - 2000/2001

## SCOPE OF WORK

**PLEASE COMPLETE A SCOPE OF WORK FOR EACH CALENDAR YEAR FOR WHICH FUNDING IS REQUESTED**

<b>APPLICANT NAME:</b>
------------------------

<b>Calendar Year:</b>	<input type="checkbox"/> 1999	<input type="checkbox"/> 2000	<input type="checkbox"/> 2001
-----------------------	-------------------------------	-------------------------------	-------------------------------

Targeted Geographic Area(s)	Goals/Objectives/Activities	Start/End Date	Number/Positions of Assigned Staff	Documentation of Tracking Progress

Legend:  
8/10/98

# Attachment E-1

PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH  
RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEAR 1998/1999 - FISCAL YEAR 2000/2001

## BUDGET PROPOSAL SUMMARY

PLEASE COMPLETE A BUDGET PROPOSAL AND LINE ITEM DETAIL FOR EACH CALENDAR YEAR FOR WHICH FUNDING IS REQUESTED

Applicant:

Calendar Year:

☐ 1999

☐ 2000

☐ 2001

LINE ITEM	STATE FUNDING
(1) PERSONNEL	.00
(2) OPERATING EXPENSES	.00
(3) CAPITAL EXPENDITURES AND MAJOR EQUIPMENT	.00
(4) OTHER COSTS	.00
(5) INDIRECT COSTS (10% maximum)*	.00
TOTAL PROPOSED BUDGET	.00

\* "INDIRECT COSTS" MAY BE BUDGETED AT A MAXIMUM OF 10% OF **TOTAL SALARIES AND WAGES**, EXCLUDING **TOTAL FRINGE BENEFITS**. PLEASE NOTE THAT A LINE ITEM DETAIL FORM IS **NOT** REQUIRED FOR THE "INDIRECT COSTS" LINE ITEM.

**PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH  
RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEAR 1998/1999 - FISCAL YEAR 2000/2001**

**BUDGET PROPOSAL - PERSONNEL LINE ITEM DETAIL**

*PLEASE COMPLETE A BUDGET PROPOSAL AND LINE ITEM DETAIL FOR EACH CALENDAR YEAR FOR WHICH FUNDING IS REQUESTED*

**Applicant:**

**Calendar Year:**

☐ 1999

☐ 2000

☐ 2001

PERSONNEL		% FTE	ANNUAL SALARIES AND WAGES	TOTAL FUNDING
1				.00
2				.00
3				.00
4				.00
5				.00
6				.00
7				.00
8				.00
9				.00
10				.00
11				.00
12				.00
13				.00
14				.00
15				.00
16				.00
TOTAL SALARIES AND WAGES				.00
TOTAL FRINGE BENEFITS (Fringe Benefit Rate: _____%)				.00
TOTAL PERSONNEL LINE ITEM				.00



# Attachment E-3

PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH  
RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEAR 1998/1999 - FISCAL YEAR 2000/2001

BUDGET PROPOSAL - OPERATING EXPENSES LINE ITEM DETAIL

PLEASE COMPLETE A BUDGET PROPOSAL AND LINE ITEM DETAIL FOR EACH CALENDAR YEAR FOR WHICH FUNDING IS REQUESTED

Applicant:

Calendar Year:

☐ 1999

☐ 2000

☐ 2001

OPERATING EXPENSES		TOTAL FUNDING
1		.00
2		.00
3		.00
4		.00
5		.00
6		.00
7		.00
8		.00
9		.00
10		.00
11		.00
12		.00
13		.00
14		.00
15		.00
16		.00
17		.00
18		.00
TOTAL OPERATING EXPENSES LINE ITEM		.00

**PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH  
RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEAR 1998/1999 - FISCAL YEAR 2000/2001**

**BUDGET PROPOSAL - CAPITAL EXPENDITURES AND  
MAJOR EQUIPMENT LINE ITEM DETAIL**

*PLEASE COMPLETE A BUDGET PROPOSAL AND LINE ITEM DETAIL FOR EACH CALENDAR YEAR FOR WHICH FUNDING IS REQUESTED*

Applicant:

Calendar Year: ☐ 1999 ☐ 2000 ☐ 2001

CAPITAL EXPENDITURES AND MAJOR EQUIPMENT		TOTAL FUNDING
1		.00
2		.00
3		.00
4		.00
5		.00
6		.00
7		.00
8		.00
9		.00
10		.00
11		.00
12		.00
13		.00
14		.00
15		.00
16		.00
17		.00
18		.00
TOTAL CAPITAL EXPENDITURES AND MAJOR EQUIPMENT LINE ITEM		<b>.00</b>

Attachment E-5

PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH  
RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEAR 1998/1999 - FISCAL YEAR 2000/2001

BUDGET PROPOSAL - OTHER COSTS LINE ITEM DETAIL

PLEASE COMPLETE A BUDGET PROPOSAL AND LINE ITEM DETAIL FOR EACH CALENDAR YEAR FOR WHICH FUNDING IS REQUESTED

Applicant:

Calendar Year: ☐ 1999 ☐ 2000 ☐ 2001

OTHER COSTS		TOTAL FUNDING
1		.00
2		.00
3		.00
4		.00
5		.00
6		.00
7		.00
8		.00
9		.00
10		.00
11		.00
12		.00
13		.00
14		.00
15		.00
16		.00
17		.00
18		.00
TOTAL OTHER COSTS LINE ITEM		.00

# Attachment F

## PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH RURAL DEMONSTRATION PROJECT PROGRAM FISCAL YEAR 1998/1999 - FISCAL YEAR 2000/2001

### AUTHORIZATION TO BIND CORPORATION

The Board of Directors of \_\_\_\_\_, in a duly executed meeting  
*Clinic/Corporation Name*

held on \_\_\_\_\_ and where a quorum was present, resolved to authorize:  
*Date*

Name: \_\_\_\_\_ and/or designee \_\_\_\_\_  
*Type Name* *Type Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

to negotiate and sign the application/contract and contract amendments, and/or invoices that may result under the Rural Demonstration Project Program during the ensuing grant period.

The undersigned hereby affirms that the statements contained in this application are true and complete to the best of the applicant's knowledge and accepts as a condition of a contract award the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and may be open for public scrutiny.

### AUTHORITY TO CONTRACT:

If someone other than the Corporate Board of Directors Chairperson is to negotiate and sign any resultant grant under this application, a letter of agreement and authorization must be signed and dated by the board chairperson indicating the name of such person and stating that person's area of responsibility in this matter.

Board Chairperson: \_\_\_\_\_  
*Typed Name*

\_\_\_\_\_  
*Chairperson's Signature*

\_\_\_\_\_  
*Date*

**PRIMARY AND RURAL HEALTH CARE SYSTEMS BRANCH  
RURAL DEMONSTRATION PROJECT PROGRAM  
FISCAL YEAR 1998/1999 - FISCAL YEAR 2000/2001**

**APPLICANT DOCUMENTATION REQUIREMENTS**

The Department of Health Services is required to audit all grants within three years of completion. The documentation required for each audit typically includes, but is not limited to, the following:

**I. Fiscal Records**

- A. General Ledger Journals and Charts of Accounts
- B. Cash Receipts and Disbursements Journal with Support Documents
- C. Vendor Invoices to Support Expenditures
- D. Program Remittance Advises from State Controller
- E. Payroll and Billing Records (Program Log)
- F. State and Federal Tax Withholding Records
- G. Financial Statements and Independent Auditor's or County Auditor's Report
- H. Agencywide Budget and Listing of Fund Sources
- I. Copies of Quarterly or Monthly Claims to the State

**II. Program Records**

- A. Project Application (submitted in response to this RFA)
- B. Grant Award and Grant Award Amendments
- C. Progress Reports and the Final Report
- D. Operational Agreements and/or Letters of Commitment
- E. Program implementation records documenting the number of people served, materials developed, activities conducted. These records may include sign-in sheets, meeting minutes, evaluation data, etc.
- F. Program Correspondence

**III. Other Records**

- A. Board of Directors Meeting Minutes and Agency Articles of Incorporation
- B. Non-Profit Status Approval Letter (if applicable)
- C. Organizational Chart and Duty Statements
- D. Personnel Policies and Procedures and Affirmative Action Plan

---

***I certify that the above will be available upon request by either the Department of Health Services Program/Contract Manager and/or Auditors.***

Applicant/Director of Agency:

Financial Management Official:

\_\_\_\_\_  
Name, typed

\_\_\_\_\_  
Name, typed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Attachment H

## INCOMING FUNDS BY SOURCE

### Fiscal Year 1998/99

**LIST ALL FEDERAL, STATE, LOCAL, AND PRIVATE GRANTS, CONTRACTS, AGREEMENTS, AND ALLOCATIONS FOR HEALTH SERVICES.**

[illegible]

## RURAL DEMONSTRATION PROJECTS

### MIGRATORY AND SEASONAL WORKER PROVIDER ATTESTATION

Licensed clinics that are not in Rural Medical Services Study Areas (MSSA) are eligible to apply for Rural Demonstration Project (RDP) funds if they provide health care services to a special population to include seasonal and migratory workers employed in agriculture, forestry, or fishing industries and their dependents. Eligibility for each provider will be determined by calculating the ratio of the provider's total patient population of seasonal and migratory workers and their dependents to the provider's total patient population. The ratio will be calculated using data provided on this form by the applicant.

TOTAL NUMBER OF SEASONAL AND/OR MIGRATORY WORKERS AND THEIR DEPENDENTS: \_\_\_\_\_

Please include a narrative justification (*attach an additional sheet if necessary*):

#### ATTESTATION:

**I declare the following information and information provided above under penalty of perjury. I am the duly authorized person to act in an executive capacity for this health facility. I am familiar with the record-keeping systems of this facility and the record and logs are true and correct to the best of my knowledge and belief. I have read the data information provided above and I am thoroughly familiar with its content. Its contents represent an accurate and complete summarization of information from the facility medical records and logs.**

---

Executive Director/Administrator (*Please Type or print*)

Title

---

Signature (*Use Blue Ink Only*)

Date